

I. SIP Narrative

Local Planning Bodies

In July 2003, Madera County CWS kicked off its Redesign Sessions when fifty stakeholders from across the County participated in an informational meeting, which provided an Overview of the Statewide CWS Redesign Initiative. During the next 6 months, CWS sponsored both formal and informal meetings that included multi-agency personnel, representatives from the community, foster parents, foster children, child-care providers, education, law enforcement, probation, mental health, public health, community based organizations, parents, and CWS staff. Participants have also included representatives from the Madera County Child Abuse Prevention Council and the Madera County Interagency Children and Youth Services Council. These gatherings provided the foundation for the activities subsequently completed in development of the Madera County Self Assessment Plan and Systems Improvement Plan as required by AB 636. This process has provided an arena for stakeholders and internal CWS staff to engage in dialogue together to explore new ways to interact with one another, and to move forward towards a community approach to improving the outcomes of our children and families.

Added to the information gathered from these community meetings, the multiple assessments completed by a variety of entities, i.e. the Local Planning Council, Maternal Child Health, First 5 Children and Families Commission, etc. were considered in completion of the CSAP. These studies have concentrated on particular needs and/or populations within Madera County. Additionally, there is an ongoing cooperative effort among many agencies and organizations to compile statistical data for a "Madera County Report Card". Those contributing to this study include: the Madera County Department of Social Services, Madera County Department of Public Health, Madera County Department of Behavioral Health Services, Madera County Office of Education, Madera Housing Authority, and Darin Camarena Health Center. Much of the material included in the CSAP was developed from this "draft" report.

Finally, data for the CSAP includes information compiled from the enlistment of Graduate Students from Alliant International University to develop and conduct an Appreciative Inquiry among staff, foster parents and clients. Similarly, a questionnaire was developed and conducted among the agencies and organizations noted below, who have collaborative working relationships with CWS to provide services and resources to children and families coming to our attention. Their responses are summarized in section 2.

Madera County Probation who along with CWS is responsible for providing child welfare services in the county participated in completion of the CSAP and SIP as mandated by AB 636. Their shared responsibility with CWS in provision of services with CWS has resulted in development and implementation of the SB 241.1 Protocol for coordination of assessments and investigations for a minor who appears to qualify for proceedings under W&I Code Sections 300, 601 and 602; Placement and Foster Care services MOU in accordance with Section 471 of the title IV-E of the Social Security Act, W&I Code Sections 11404 (b) and 11404.1 and EAS Section 45-201.4; and the STOP (Stop Truancy Opportunity Program) administered by Probation for provision of services to youth and families who are at risk as related to truancy and who could benefit from multi-agency collaboration and case management services.

Behavioral Health Services oversees the Mental Health and Drug/Alcohol Programs within the county, serving approximately 2,000 mental health consumers and 800 drug/alcohol clients each year. Mental Health and Drug/Alcohol Services and CWS have entered into and successfully collaborated in a number of partnerships in many program areas. Mental health and alcohol and other drug assessments and treatment are primarily offered or coordinated by Behavioral Health Services for children, youth, families and substitute care providers in the CWS system. Collaborative programs currently in place serving the children and families coming to the attention of CWS include Madera Access Point (MAP) for provision of mental health and/or other substance abuse disorder treatment services including ancillary services and services for co-occurring domestic abuse problems for CalWORKs/CWS families; Lake Street Center for provision of multi-disciplinary services to children in out-of-home placement and their families through the collaborative efforts of Behavioral Health Services, Department of Social Services, Public Health and the County Office of Education; the Substance Exposed Infant Protocol under SB2669 to provide assistance to hospital staff for an assessment of the needs of and a referral for, a substance exposed infant to CWS; and the Interagency Placement Committee that provides oversight for all out of home group home placements for level 13 and above for CWS and Probation to ensure that these placements are appropriate to meet the service needs of children placed. Placements in level 12 homes are also reviewed to ensure that there is countywide compliance with Emily Q. for mental health access. Behavioral Health staff is critical to the Healthy Beginnings Taskforce that provides a Multidisciplinary Team for provision of services to children 0-5 and their families including case management, home visitation, and nursing assessment for CWS referred families.

Madera County Department of Public Health protects and promotes the health of the community by means of preventive medical, sanitation, and educational services. Public Health provides integral support to the children and families served by CWS in various joint program efforts. Health advocacy, psychotropic drug protocol coordination, and tandem visits are provided to families in CWS through the Foster Care –PHN. A second FC-PHN has been contracted for the new fiscal year to provide services to families being served in CWS Family Maintenance program to educate and support families in

accessing services for health issues. The FC - PHNs provide services to children and families in the Lake Street Center (LSC), a comprehensive system of care that includes health screening, mental health, and child protective services. In addition, Public Health Services to CWS children and families may include Adolescent Family Life Program and Cal Learn for provision of AFLP type services to pregnant and parenting teens that are eligible for CalWORKs; support for the Substance Exposed Infant Protocol under SB2669 to provide assistance to hospital staff for an assessment of the needs of and a referral for, a substance exposed infant to CWS; Healthy Beginnings Taskforce now operated under the Maternal Child Health Program provides a Multidisciplinary Team for provision of services to children 0-5 and their families including case management, home visitation, and nursing assessment for CWS referred families and the Perinatal Substance Abuse Taskforce provides assessment of pregnant women to identify substance abuse for early intervention in treatment.

The California Work Opportunity and Responsibility to Kids (CalWORKs) program is the state implementation of the Federal Temporary Assistance to Needy Families program (TANF). The program provides time-limited cash assistance to families with children. The three major program goals are decreased dependence on welfare, increased personal responsibility, and attainment of self-sufficiency. Services include collaboration and partnership with public and private agencies to provide education, training and assessment services, Substance Abuse, Mental Health and Domestic Violence Treatment Services, Child Care, Transportation, Community Services and Work Experience Plan, Assisting Families Transitioning Off Aid, and Job Creation. A CalWORKs/Child Welfare Services Linkages Coordinated Case Plan Team approach was implemented earlier this year for Family Maintenance families only. Since CalWORKs income maintenance, employment services and Child Welfare Services often provide services to the same families, the Linkages Team Approach provides an opportunity for common goals and objectives to be reviewed and more realistic family case plans for our mutual clients to be developed. We now jointly staff those Family Maintenance and Welfare-to-Work cases that are common to both programs. We plan to expand to include Family Reunification common cases in the near future.

First 5 Madera County Children and Families Commission has provided funding opportunities to implement and/or enhance the service array for children 0-5 and their families who are served by CWS. Such programs have included funding parent education, parent leadership, child development trainings as well as direct service delivery to newborns, special needs children, and high-risk children and families just to name a few. Funding for the Healthy Beginnings Team discussed fully in the CSAP originated from First 5 funding and has since been leveraged through the Maternal Child Health Program for program expansion. The development of the Family Resource Center has also provided education and advocacy opportunities for families in the City of Madera with a second FRC in the planning stages in the City of Chowchilla.

Madera County Office of Education participates in collaborative efforts countywide and as such several programs have been established or maintained through their administrative support that has benefited the children and families served by CWS. Fiscal and staff have been resources provided to programs that have included the Early Intervention Coalition, HBT, Local Planning Council, CARES and School Readiness. A significant collaborative partnership is the provision of services to improve the services and quality of care for families with children with special needs from birth to five years of age, as these children are considered to be at high risk. Foster parents have been included in training opportunities provided by MCOE. Services are intended to support families with special needs through parent-to-parent support, feelings-focused support groups, advocacy, and case management. Additionally, MCOE staff is integral to the Healthy Beginnings Taskforce now operated under the Maternal Child Health Program provides a Multidisciplinary Team for provision of services to children 0-5 and their families including case management, home visitation, and nursing assessment for CWS referred families.

Madera County Community Action Agency has provided resources and support to the children and families served by CWS. CWS partners with Domestic Violence Program - Victim Services for provision of maximum available assistance to include referral of victims in need of comprehensive services and advocacy and support of victims through the criminal justice system. Various other programs administered by MCCAA include LEAP, HEAP, Food Commodity Distribution, etc. have been tremendous resources for CWS families. Finally, MCCAA has taken the lead with Court Administration and CWS in the development of the Court Appointed Special Advocacy (CASA) program. The expected implementation date is January 2005.

Madera Workforce Investment Board and Youth Council provides employment and training opportunities to both in school and out of school youth with consideration provided to youth subject to CWS dependency or Probation ward status. Issues associated with service to families and youth in the CWS have been well articulated by both Probation and CWS who serve on the WIB Youth Council. Additionally, discussions regarding inclusion of ILP youth, whenever possible, in existing WIB funded programs have been well received.

The Housing Authority of the City of Madera supports the Foster Care Independent Living Program by means of referrals for preference on Housing Authority waiting lists. Additionally, the Housing Authority administers the County of Madera's HOME and CDBG Down payment assistance and home rehabilitation programs as well as the City of Madera's Down payment assistance program. Regular meetings between the two agencies are under discussion for collaboration in developing grant opportunities to expand housing availability to these youth and to CWS families.

Madera County Local Planning Council (LPC) provides a forum to identify local child care priorities, develops policies to fulfill those priorities, recommends the allocation of child care funds, collaborates with existing child care programs and provides a unified integrated system of service for children and families. The LPC has included CWS as a child care priority and has been instrumental in providing resources to meet the needs of our children both in and out of home care.

Local Planning bodies that have participated in CSAP and SIP meetings and discussion include:

Madera County Child Abuse Prevention Council provides prevention, intervention and treatment of child abuse awareness information in the community. Council objectives are to increase public awareness of child abuse and neglect, and to provide education and professional training. Established in 1986, the council consists of individuals from public and private agencies, local businesses and concerned members of the general public. Madera County Child Abuse Prevention Council encourages Madera County residents to become involved with this serious issue at a local level. MCCAPC volunteers contribute to the community through classroom presentations for elementary students on child abuse prevention and reporting, training seminars for service providers and the community. The Council provides oversight for the Nurturing Program, a program that CWS families are referred to for parent education/training.

Finally, the Interagency Children and Youth Services Council has provided support and representation to the CSAP and SIP processes. The Madera County Interagency Children and Youth Services Council (ICYSC), established pursuant to California Welfare and Institutions Code Section 18986.10, articulates goals, advocates direction and focuses resources on behalf of the community to improve opportunities for success in the lives of young people. The leadership of this Council has the potential to direct significant financial and professional resources within the county to support and expand established networks to provide services for the county's children and families.

In addition to the agencies and organization noted above, completion of the CSAP and SIP have also included discussions with the Foster Parent Association, Community Care Licensing and CDSS Adoptions staff as noted below.

Discussions have been held with the Foster Parent Association during their monthly meetings as well as individually with the FPA President. Collaboration with the FPA resulted in a specific training needs survey to be developed and conducted countywide. In addition, the FPA solicited issues and concerns from FPs specific to CWS placement staff accessibility, responsiveness and support.

Preliminary contact and discussion has been made with our Community Care Licensing liaison to articulate the information from our meetings with the Foster Parent Association. While our Community Care Licensing liaison conducts two Orientations per month for licensing, recruitment and retention purposes, on-going support through the application process as well as post licensing has not been available. Discussions, designed to promote recruitment and retention of FPs as well as to provide enhanced information and support to the FPA, have been shared with the CCL liaison and the RA/NREFM Social Worker.

Finally, discussions have been held with CDSS Adoptions to identify service delivery challenges impacting concurrent planning, adoption referrals and court activity. These ongoing discussions will continue to promote the long-term goal of adoption within 24 months of removal in cases of unsuccessful reunification.

2. Share findings that support the qualitative change

Foster parents have had two formal occasions in which to express their views regarding their experiences with Madera Child Welfare Services: (1) a facilitated dialogue between 35 foster parents and 15 social work staff members and supervisors and (2) as part of a limited study in which 19 foster parents, 21 parents, and 11 social workers were interviewed regarding their assessment of the agency's strengths and challenges. In both settings, Foster Parents expressed feelings of fulfillment and organizational support in accomplishing their roles. They felt that they provided a great service to children in need. Many felt that the Foster Parent Association is vibrant and supportive. However, foster parents also wanted more information about the children placed with them and wanted more visits from the social workers. Foster parents were also concerned that they needed more help in establishing "a plan" for those teens nearing 18 years old. They also asked for training to improve their communication skills with the parents. Discussions with Foster Parents are continuing to explore training needs. The planning is also identifying other supportive services that will enhance the foster parents' abilities to provide for the children in their care.

Focus groups were conducted with primary services in Madera which included the Madera County Department of Behavioral Health Services, Yosemite Women's Center, Lake Street Center, Workforce Development, Local area Planning Commission, Resource and Referral, Madera Community Action Organization, Madera County Office of Education, Madera Unified School District, Madera County Public Health Department, Madera Community Hospital, Darin Camerena Health Center and the local Native American tribes. The same questionnaire was verbally administered to each of the group. The questionnaire surveyed the provider's responses to the following questions:

- In regards to CWS families that you serve-what strategies are most effective?
- What CWS practices increase the effectiveness of collaboration?
- What challenges are there in service delivery?
- What CWS practices impede collaborative efforts?
- Could you share some thoughts of how CWS might improve services to families, especially through collaborative efforts?
- How do CWS outcomes interrelate with your organization?

A summary of those responses common to all respondents include challenges associated with limited funding and resources to develop and provide services to meet the needs of families, lack of public and private transportation for families to access services that are available, retention of seasoned staff for continuity and coordination of service delivery, language barriers, cultural competency and confidentiality.

A common theme emerging from all respondents was a willingness to continue to engage in dialog and activities to resolve common barriers for provision of services to the community. Many agencies not routinely engage in existing MDT efforts such as the HBT volunteered to participate as appropriate. Given the expanded use of the HBT by CWS for our children 0-5 and their families, the addition of these local experts and resources are welcomed.

Child Welfare staff has participated in the assessment and redesign processes by taking part in multiple stakeholder meetings. In addition, a daylong staff retreat linking Outcomes and Indicators with the day-to-day case planning and intervention activities of social work practice was held. Information from this activity included identification of further training needs while ensuring the CWS staff could be heard.

As shown throughout the CSAP discussion on the outcomes targeted by Madera County for its Self Improvement Plan, Child Welfare services will be concentrating on creating an organizational shift within the agency whereby social work practices will improve. This expansion of knowledge and practice will occur through three distinct, yet connected methodologies: formal training sessions, hands-on practical experience, and structured supervisory intervention.

However, we are compelled to reiterate that the risk factors within the community as documented in the CSAP are overwhelming. While extraordinary efforts to provide preventive services are being made, as a community, we are often responding to secondary and tertiary intervention and treatment needs. Unless, there is a significant change in addressing

the lack of financial and professional resources within the county, established networks will continue to be frustrated in their efforts to provide a decent quality of life for the county's children and families.

3. Summary Assessment from the Self Assessment:

Please be advised that **Outcome 2C Timely Social Worker Visits** will not be included in the SIP as previously indicated in the CSAP.

INDICATOR	INDICATORS INCLUDED IN THE COUNTY SELF IMPROVEMENT PLAN	INDICATORS NOT INCLUDED IN THE COUNTY SELF IMPROVEMENT PLAN
<p>Indicators 1A and 1B: Recurrence of Maltreatment</p> <p>Substantiated abuse referrals are oftentimes not egregious enough to warrant involuntary intervention and although alternative and voluntary strategies are employed to engage the families in addressing the factors that might lead to future abuse referrals, these efforts and strategies fail. It is this area of voluntary engagement that poses the greatest challenge for most CWS social workers, as it requires a cultural shift away from a focus on immediate enforcement and compliance towards engagement with families that anticipate the implications of risk factors that are present within the families. This shift will require multiple levels of training and supervision. The social workers and their supervisors need to build upon their social work practice.</p>	X	
<p>Indicator 1C: Rate of Abuse and/or Neglect in Foster Care</p> <p>Madera County Child Welfare Services did not correctly enter information to capture correct data outcome information. As such significant data clean-up training has been provided. Pending additional data outcome information, we are committed to maintain the procedures that have been implemented to correct the gathering of data regarding this indicator.</p>		X
<p>Indicator 2A: Recurrence of abuse/neglect in homes where children were not removed.</p> <p>For abuse and neglect referrals that are determined inconclusive or substantiated but not rising to the level of involuntary intervention, it is our county's practice to offer families referrals to community services and/or voluntary family maintenance services.</p>	X	

<p>The Recurrence of Abuse/Neglect in homes as noted earlier may be attributed to the risk factors of high employment, poverty, and isolation that combined with significant incident of parental substance abuse contribute to a family's inability or unwillingness to follow through with voluntary service plans and community referrals. This is particularly the case for parents with a history of substance abuse.</p> <p>Concentration on the training and implementation of a new risk assessment tool and greater utilization of various case conferencing techniques, including interaction with multi-disciplinary teams is necessary to positively impact this outcome.</p>	<p>X</p>	
<p>Indicator 2B: Timely Response</p> <p>Madera County is doing well in this area. Social workers are trained to be aware of the critical nature for an immediate response as well as the necessity to respond in a timely manner. Improved case management efforts and further clarification about the differentiation between a 10-day response and an immediate response may be necessary to increase the County's rating to 100%.</p>		<p>X</p>

<p>Indicator 2C: Timely Social Work Visits</p> <p>Given the data outcomes of subsequent substantiated referrals, the possible impact of the failure of staff to adhere to contact compliance warrants increased monitoring efforts. While it is CWS policy to compile and distribute contact information utilizing Business Object reports, it would seem that supervisory staff is not appropriately utilizing the information for monitoring performance. Additionally, data entry concerns were also raised specific to incorrect or incomplete CMS/CWS field selection and/or omission of contact participants with the implication that the Business Object Reports are not being used to identify training concerns.</p>	<p>X</p>	
<p>Indicators 3E and 3A: Children in Foster Care who are reunified in 12 months</p> <p>Madera County data reflects a higher percent of children reunified from CWS Supervised FC for both State and Federal Outcomes. A significant number of children are remaining in out of home placement for longer periods and/or are not reunified with parents. The risk factors previously discussed for families that are referred also impact a family's successful participation in involuntary services ordered through Juvenile Court. The major reason for removal of children from their home of origin is substance abuse, primarily methamphetamine. As indicated in the Child Participation Rate Section of this document, 50% of the referrals are 10 – 15 year old youth. This population is more difficult to reunify for a number of reasons, which include chronic abuse and/or neglect as well as complex and challenging family systems with little success in achieving self-sufficiency. Some of the same children are included in the recidivism and recurrence rates because of the aforementioned reasons. These children do not easily leave foster care and return home.</p> <p>A lack of local drug treatment programs that are specifically indicated for methamphetamine addiction continues to be a significant resource barrier to reunification of children. Associated parental criminal behaviors increase the likelihood of continued out of home placement. Issues are being addressed in different community venues that may increase outcomes including changes in treatment modalities for substance abusing</p>		<p>X</p>

parents, earlier engagement of families in accessing resources, treatment, and services, increased utilization of county Multi-Disciplinary Teams and integrated case planning activities.		
<p>Indicators: 3D and 3A: Length of Time to Exit Foster Care to Adoption</p> <p>Madera County data is slightly higher than State average for the Federal outcomes and similar to the State average for the State outcomes. The Department is diligent in adhering to time limits in its ongoing commitment to swift permanence for all children. There is an ongoing focus on both the reunification plan and the concurrent plan as soon as a child enters foster care.</p> <p>The speed at which adoption occurs is hampered by a number of elements, some specific to Madera County others more general to child welfare as a whole. Madera County is committed to the provision of voluntary services. Therefore, most families who are receiving family reunification services have had extensive services or opportunities for service, prior the children's entrance into foster care. In the majority of the cases there are chronic substance abuse issues that were not ameliorated with the provision of in home services. Said substance abuse often has exposed infants prenatally to drugs and or alcohol. Therefore, the Department finds that many children enter long term foster care versus adoption as a result of their emotional, educational and health limitations that are the result of chronic neglect. Adoption is often postponed in an attempt for a child to obtain emotional and behavioral stability that will allow for their eventual placement in a permanent home. Familial culture often sways prospective adoptive relatives to choose guardianship or long-term foster care instead of adoption. The area tribes will not allow the adoption of ICWA eligible children.</p> <p>As with other outcome areas, the Department identifies a need to implement an alternative risk assessment tool in order to improve decision-making as it relates to the continuation of Family Reunification Services in cases in which this is an option.</p>	X	
Indicators: 3B and 3C: Multiple Foster Care Placements		

<p>Contributing factors to the challenge of placement stability include the change with regard to placement of relatives who are now required to go through the relative approval process before children can be placed in their home. There have not been any notable changes in length of stay for hard to place children. Children many of whom have prenatal drug and alcohol exposure have a variety of behaviors, which include but are not limited to anger management and attachment issues. The extra challenges that these children present contribute to the instability in placements. Recent efforts are underway to actively support the Substitute Care Providers' role in the reunification effort as well as provision of additional training and support in treatment plans for the children in placement through our Lake Street Center Collaborative discussed earlier in this report.</p>	<p>X</p>	
<p>Indicator 3F and 3G: Rate of Foster Care Re-entry</p> <p>Past efforts by the county have been directed to assess a parent's readiness for reunification primarily through the compliance to case plan activities and timelines. There were times when this focus of compliance did not take into account necessary changed behaviors on the part of the parent. Additional concerns include decisions made by juvenile court and lack of effective representation of the minor's counsel. Adding in high risk factors such as sub-housing arrangements and no/under employment, children may have been prematurely returned, thus increasing the recidivism rate. The families remained at risk for failure.</p> <p>CWS has recently implemented changes in procedures by requiring case staffing presentations at set intervals prior to the return of children to parental care, with the expectation that children will be returned home with full consideration given to the need for community and extended family member supports.</p>		<p>X</p>
<p>Indicators 4A and 4B: Siblings placed together and children placed in least restrictive settings.</p>		<p>X</p>

<p>Many families in the Madera County CWS System are composed of larger sibling groups taken into placement. While active efforts are made to place siblings together, considerations are given for language needs, food preferences, educational and medical needs oftentimes making it impossible to place all sibling groups in the same home. The number of foster homes and the limited capacity of those homes (space) coupled with the relative approval requirements contribute to the low performance in these areas. Madera County would benefit from more active recruitment efforts by the state on the County's behalf.</p>		
<p>Indicator 4E: ICWA Placement Preferences</p> <p>Madera County actively engages the ICWA representatives as early as possible to request placement assistance. Demographic information as noted earlier in this report has also impacted the number of Relative and Non-Indian Relative Family homes that are available for placement of ICWA children. It is worth noting that the numbers above may be more reflective of the availability of relative and non-relative Indian homes than to the issue of ICWA compliance or adherence to placement preference. However, Madera County will study the data to ensure that all Indian children are properly identified in CWS/CMS. Also, as a point of information, local tribes are against adoption of Indian children and this stance will be reflected in the numbers for Indicator 3A.</p>		<p>X</p>
<p>Indicator 8A: Children Transitioning to Self-Sufficient Adulthood</p> <p>Because the ILP population consists of youth from other counties, there is no tracking mechanism in place to measure results. The County will continue to provide services to the best of its ability.</p>		<p>X</p>

As shown throughout the discussion on the outcomes targeted by Madera County for its Self-Improvement Plan, Child Welfare services will be concentrating on creating a cultural shift within the agency whereby social work practices will improve. This expansion of knowledge and practice will occur through three distinct, yet connected methodologies: formal training sessions, hands-on practical experience, and structured supervisory intervention.

I. Training

Formal training sessions will include the following areas of interest, provided by the Central California Training Academy, UC Davis, and others as appropriate.

- Risk Assessment
- Family Engagement
- Data Entry
- Case Management
- County Policy specific to the Differentiation of Abuse/Neglect

II. Hands-On Practical Learning

Learning theories state that people learn best by doing – applying what they learn within their daily experience. Social Workers are no different. In order to deeply impact their learning experience, Child Welfare Services will need to utilize both internal (within the agency) and external (community venues) opportunities to change perception and practice.

The internal (agency-centered) activities will include:

- Case conferencing that ensures that the family is present and participatory in the creation and maintenance of their case plan
- Opportunities for the staff to identify best practices among them, making tandem visits with experienced workers, and appreciating the challenges that each unit-type faces whether ER, FM, FR or PP.

The external (community-centered) activities will include:

- Full participation on the Multi-Disciplinary Teams within the County – particularly Lake Street Center and the Healthy Beginnings Team. This participation will demand that individual workers learn the arts of collaboration and communication with their service delivery colleagues. Instead of perpetuating a service-compliance mentality, interaction with the MDT's will require an increased level of engagement with the family, sharper assessment skills, and greater accountability in the development of realistic case plans.
- Tandem visits with other service providers to enhance assessment of the families' needs in the development of case plan activities.

III. Structured Supervisory Intervention

Most often, the best Social Workers have had excellent supervisor/mentors who challenged them to hone their skills, showed them effective intervention methodologies, and provided the intensive and supportive relationship necessary to

continue their work with highly impacted families. Madera County Child Welfare Services is addressing this area and will expand upon their strategies in the Self-Improvement Plan.

It must be stated that at a Staff Retreat in March 2004, CWS Social Workers recognized their need for growth in knowledge and change in practice when identifying the responsibilities of the social worker in reducing subsequent referrals. Some of the practices included greater attention to the referral history before the visit, communicating with everyone in the family, being specific when developing case plans, following up on referrals, and staying strength-based when working with families.

The overwhelming presence of high risk factors such as unemployment, substance abuse, the lack of affordable housing, deficient financial resources, and a large portion of the population that is under-educated and lacking cultural competency (all of which is discussed earlier in this report) impacts the County's capacity to respond adequately to the needs of its citizens. County service providers have recently taken the lead in expanding the County's capabilities through partnership in service provision and financial leveraging in one current project and one upcoming venture: The Healthy Beginnings Team and the Parent Education Initiative – both sponsored by Madera County First 5.

The Healthy Beginnings Team – a partnership among: Department of Social Services, Department of Public Health, Department of Behavioral Health Services, Madera County Office of Education and Madera Community Hospital – determined that, in order to expand their services and clientele, accessing more funds was necessary, yet not within the purview of any of their individual organizations. Using Madera County First 5 dollars as the county match, the Team researched and concluded that the Public Health Department, if acting as the lead agency, could leverage funds through Maternal-Child Health. Throughout the decision making process, the effectiveness and expansion of the team were the driving forces that formed the strategy. Territorial issues were not evident. This positive learning of collaboration and communication is setting the example for discussions around the Parent Education Initiative, which will develop a strategic plan for diverse and successful parenting methodologies within the County. It is also hoped that these forays into a greater depth of partnership and planning will increase the sophistication of the County as a whole to address the multiple challenges within its own boundaries.

Additionally, it is important to state that while Madera County Child Welfare Services has areas in which to improve, the willingness to do so is evident. Although lacking in financial resources, community partners are eager to join CWS' efforts to make changes both within the agency and the community at large.

SIP PLAN COMPONENTS

Systemic Factor: Risk Assessment
<p>County's Current Performance: The Self Assessment indicates that the Safety Outcomes which Madera County seeks to improve are effected by current practice in relationship to risk assessment at various points from referral through out the course of services. Risk Assessment effects safety outcomes 1A, 1B and 2A. While the county has already taken steps towards improving its performance in the areas of Safety Outcomes, comprehensive tools are needed that help social workers make accurate and reliable assessments of immediate safety issues and longer-term risk. The county has identified a need for a mechanism that ensures accountability and quality controls.</p> <p>The SAP revealed inconsistency in data entry, case planning and monitoring. These factors, in addition to family engagement, are believed to have significant impact Safety Outcomes</p> <p>Madera County data reflects that 21.5 % of all children with a substantiated referral during the 12-month state study period of 01/01/02-12/31/02 had an recurrence of maltreatment in Madera County, which is higher than the state average of 14.9%. Madera County finds its current rate in need of improvement.</p> <p>Of all children in Madera County with a first substantiated referral during the 12-month study period of 01/01/02-12/31/2003, 20.5% had a subsequent substantiated referral within 12 months.</p> <p>The Madera County Rate of Recurrence of Abuse and/or Neglect in Homes Where Children Were Not Removed was 13 % for the 12-month study period of 01/01/02-12/31/2002, which is somewhat higher than the State average of 9.5% in same reporting period.</p> <p>At the time of the completion of SAP, inaccurate data had been provided to the county. The aforementioned data is considered accurate at this time.</p>

Improvement Goal 1.0 Madera County will seek to reduce the rate of Recurrence of Maltreatment by 1.8 percent in the 12 month period from 10/01/04 to 9/30/05 and reduce the rate of Recurrence of abuse/neglect in homes where children were not removed by .9 % in the time period of 10/01/04 through 09/30/2005.					
Strategy 1.1 Implement Structured Decision Making at all points of assessment.				Strategy Rationale** Family risk assessments are actuarial tools which estimate the likelihood of subsequent child maltreatment or abuse	
Milestone	1.1.1 All staff will receive web-based SDM.	Timeframe	60 days (12/31/2004)	Assigned to:	Program Manager Social Services Analyst
	1.1.2 All staff will receive SDM training from the Children’s Research Center.		60 days (12/31/2004)		Program Manager
	1.1.3 All staff will receive SDM training from RTA.		90 days (01/30/2005)		Program Manager Social Work Supervisors
Strategy 1.2 Data clean up			Strategy Rationale Data error has been identified to effect outcome measurements		
Milestone	1.2.1 Monitor CMS data entry.	Timeframe	Ongoing	Assigned to:	Supervisors/ Staff Analyst/Program Mangers
	1.2.2 Identify and Merge duplicate clients.		90 days (01/30/2005)		Clerical Support Staff
	1.2.3 Update policy to align with ACL 03-61		60 days (12/31/2004)		Program Manager Social Work Supervisor
Strategy 1.3 Quality Control monitoring.			Strategy Rationale Inconsistency in the application of Structured Decision-Making can be identified by regular review of social work practice.		
Milestone	1.3.1 Regular sample review of referrals/cases	Timeframe	90 days (1/30/2005)	Assigned to:	Supervisors

	1.3.2 Peer Quality Review		One year (09/30/2005)		Peer Quality Review Team
Strategy 1.4 Implementation of Family Group Decision Making			Strategy Rationale Increased family participation, supporting independence and social inclusion, decreases child maltreatment/abuse.		
Milestone	1.4.1 Form advisory board/collaborative to guide implementation.	Timeframe	30 days (10/30/2004)	Assigned to:	Program Manager
	1.4.2 Obtain technical assistance for implementation of FGDM.		60 days (11/30/2004)		Program Manager Social Work Supervisors
	1.4.3 Implement FGDM.		(180 days)		Program Manager/Supervisors/Social Workers
<u>Describe any additional systemic factors needing to be addressed that support the improvement plan</u> As shown throughout the discussion on the outcomes targeted by Madera County for it’s Self Improvement Plan, Child Welfare services will be concentrating on creating a cultural shift within the agency to improve social work practices. This expansion of knowledge and practice will occur through three distinct, yet connected methodologies: formal training sessions, hands–on practical experience, and structured supervisory intervention.					
<u>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</u> Madera County will be requesting the assistance of CDSS to provide funding for the implementation of web based Structured Decision Making. Training assistance for the implementation of Family Group Decision Making will be requested from the Regional Training Academy and or the American Humane Society.					
<u>Identify roles of the other partners in achieving the improvement goals.</u> The identified systemic change needed to improve outcomes in the areas of safety lies primarily within the role CWS. Community partners will be included in the collaborative to continue to build community partnerships, enhance the array of services available and in order to create agency policy and procedure. The Healthy Beginnings Team will serve as the advisory board for the implementation of SDM/Family Group Decision Making.					

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

No regulatory or statutory changes are needed to support this improvement goal.

Systemic Factor: Training.

County's Current Performance: In the time period 01/01/03-12/31/03 86.8 of the children placed in foster care in Madera County had no more than two placements. The Madera County data reflects that in the 12-month study period of 01/01/01-12/31/20001 only 9.7% were adopted within 24 months of entry in to child welfare supervised foster care which is significantly higher than the state average of 5.3% in same study period.

The SAP revealed a lack of protocol and direction to staff in regard to the necessity of a comprehensive assessment and evaluation of the emotional and behavioral health of drug exposed children entering foster care, with periodic updates throughout a placement episode. Also, identified were a lack of resources to support substitute care providers and, too few resource families in the community. As a result, placement disruption is too frequent due to a child's emotional/developmental concerns and the related negative behaviors. These disruptions directly impact the rate at which the child becomes emotionally stable enough to return home or to be considered a suitable candidate for adoption. It is notable that Madera County experiences a large first entry rate into foster care of children who are older than six years of age, typically children who are more difficult to match to an adoptive family exacerbating these outcomes.

Additionally, after the completion of the SAP, we identified that staff was inconsistent in their application of policy relating to the early identification of relatives and concurrent home matching. This has already been addressed within the agency. These systemic factors impact outcome indicators 3 D, 3A as well as 3B and 3C.

Improvement Goal 2.0 <i>Decrease by 3.2 % the number of children who have more than two placements.</i>					
Strategy 2.1 Immediate referral of all drug impacted children age 0-5 to the Healthy Beginnings MDT for assessment.			Strategy Rationale** - The early identification of children’s special needs will increase the Social Workers capacity to make the most appropriate placement selections and in obtaining appropriate services for children and their care providers. Stability of the child’s emotional and physical well-being increases the opportunity for successful permanence.		
Milestone	2.1.1 Train Social Work staff regarding the availability of the HBT MDT and their role and responsibility.	Timeframe	Completed 9/02/2004	Assigned to:	HBT coordinator.
	2.1.2 Prepare policy and procedure regarding the intake/referral process for prenatally drug exposed children.		To be completed by 9/30/2004.		Program Manager
	2.1.3 Train staff regarding policy and procedure.		To be completed by 10/15/2004.		Supervisors/Program Manager
	2.1.4 Ongoing participation in the Madera County Perinatal Substance Abuse Task Force		Ongoing		
Strategy 2.2 Develop policy for early identification and support for Substitute Care Providers to address the challenges presented by FC placements prenatally exposed to drugs and alcohol.			Strategy Rationale – Increased Substitute Care Providers capacity will promote placement stability.		
Milestone	2.2.1 Assess FPA survey results to identify Substitute Care Providers needs for service supports and other concerns	Timeframe	12/31/04	Assigned to:	Program Manager Social Work Supervisor Social Workers
	2.2.2 Develop a policy recommendation to include periodic review of placement stability in an MDT format		1/31/05		Program Manager

	2.2.3 Train CWS, Substitute Care Providers and MDT collaborative partners on the new policy and procedure		2/28/04		Social Workers Supervisors Program Manager
Strategy 2.3 Include Substitute Care Providers in treatment plan activities for all children in their care who are provided services at Lake Street Center (children 5-17)		Strategy Rationale -The Substitute Care Providers is integral to the treatment plans developed for children in their care, in order to adhere to the treatment plan, including dispensing medications in the home. Substitute Care Providers will be better equipped to respond to problematic behaviors and will have an additional resource that is aware of and responsive to their concerns. Clinicians will be better informed of behaviors in the home to direct Substitute Care Providers and modify treatment plans as necessary.			
Milestone	2.3.1 Develop a policy recommendation and submit for administrative approval	Timeframe	11/30/04	Assigned to:	Program Manager
	2.3.2 Train CWS, and LSC on the new policy		12/30/04		Program Manager

Strategy 2.4 Implement Structured Decision Making for Children in Out-of-Home Care.		Strategy Rationale The implementation of presumptive guidelines will lead to more consistent and appropriate decision-making.			
Milestone	2.4.1 All staff will receive web-based SDM.	Timeframe	60 days (12/31/2004)	Assigned to:	Program Manager Social Work Supervisor
	2.4.2 All staff will receive SDM training from the Children's Research Center.		60 days (12/31/2004)		Program Manager
	2.4.3 All staff will receive SDM training from RTA.		90 days (01/30/2005)		Program Manager

Describe any additional systemic factors needing to be addressed that support the improvement plan goals.

Madera County as well as all the counties in the San Joaquin Valley, have identified an every increasing complexity of the needs of parents and children who are participating in the child welfare system. The overwhelming impact of methamphetamine use comes to the forefront of significant numbers child welfare interventions. The associated problems of homelessness, physical disability, cognitive impairments, unemployability, unstable school attendance and criminal involvement, require treatment and support services that are either not available or so scarce in quantity, that few families are afforded there benefits. Ongoing collaboration and resource acquisition is required to provide the types of and quantities of, services needed to ameliorate the impact of methamphetamines.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

While staff is scheduled for an array of training during the period of the SIP, training related to the SIP has been included in the milestones.

Identify roles of the other partners in achieving the improvement goals.

CWS will continue in its collaborative partnerships with Public Health, Behavioral Health, First Five, Healthy Beginnings, education and community CBOs. It is anticipated that CWS participation in the Healthy Beginnings Multi Disciplinary Team will have measurable impact on the improvement goals. The county has held a series of meetings with CDSS, Fresno Adoptions District Office to explore system problems are hindering the length of time to adoption. These discussions continue in order to streamline the referral process as well as to commingle the relative approval/preliminary adoption assessment.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Statutory changes are needed in order provide increased financial leveraging for the provision of evidence based treatment for children in foster care as well as their care providers whether they be parents or substitute care providers.

Outcome/Systemic Factor For the Probation Department: Training.				
County's Current Performance: The county's current performance is unknown at this time, as data tracking has not been implemented.				
Improvement Goal 1.0 That each child in out of home cares receives a completed Health and Education Passport within 180 days of placement.				
Strategy 1.1 The departments of Probation will participate in training provided by CWS on issues pertaining to Safety Outcomes, ICWA, Child well-being and Permanency Outcomes.			Strategy Rationale** The staff assigned to children in out of home care have not been trained to health and education passport requirements.	
Milestone	1.1.1 Designated Probation staff will participate in all outcome training afforded to the Department of Social Services.	Timeframe	Ongoing 10/1/2004-9/30/2005	Assigned to: Probation Commander or his designee. Program Manager for DSS
	1.1.2 Probation will monitor/track its current performance as it relates to the number of children receiving a HEP within 30 days of placement and a completed HEP within 180 days.		Ongoing 10/1/2004-9/30/2005	
	1.1.3 Consultation with Public Health Staff regarding strategies for appropriate completion of HEPs.		By 11/30/2004.	

<u>Describe any additional systemic factors needing to be addressed that support the improvement plan goals.</u>
The Probation Department is currently understaffed and without sufficient human resources to effect significant systemic change as result of State and County budget concerns.
<u>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</u>
Training needs are addressed in the milestones.

Identify roles of the other partners in achieving the improvement goals.

Child Welfare Services and Public Health are partners in addressing the needs of Probation staff as it relates to training. The Department of Public Health is a partner in obtaining the need health services for children under Probation supervision.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

None are identified at this time.